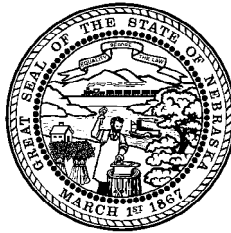


Nebraska Workers' Compensation Court
State Capitol Building
P.O. Box 98908
Lincoln, Nebraska 68509-8908

WHEN COMPLETED, MAIL TO ABOVE ADDRESS



VR-42 (10/04)

VOCATIONAL REHABILITATION COUNSELOR DESIGNATION

SOCIAL SECURITY NUMBER:		DATE OF INJURY:		CLAIM NUMBER:	
E M P L O Y E E	NAME:			I N S U R E R	
	STREET ADDRESS:			COMPANY NAME:	
	CITY, STATE, ZIP CODE:			STREET ADDRESS:	
	PHONE NUMBER:			CITY, STATE, ZIP CODE:	
	DATE OF BIRTH:			CLAIM REPRESENTATIVE:	
			PHONE NUMBER:		
EMPLOYER NAME:				EMPLOYER ADDRESS:	
EMPLOYEE'S DIAGNOSED DISABILITY / INJURY:					
EMPLOYEE'S RESTRICTIONS / LIMITATIONS:					
VOC. REHAB. COUNSELOR:				WCC CERTIFICATION NUMBER:	
VOC. REHAB. COUNSELOR'S AGENCY:					
STREET ADDRESS:					
CITY, STATE, ZIP:				TELEPHONE NUMBER:	
SERVICES PLANNED:					
<input type="checkbox"/> LOOP EVALUATION <input type="checkbox"/> RTW COORDINATION <input type="checkbox"/> OTHER (SPECIFY)					
<input type="checkbox"/> VOC. EVALUATION <input type="checkbox"/> REHAB. PLAN DEVELOPMENT					
VOC. REHAB. COUNSELOR CERTIFICATION:					
PURSUANT TO RULES 37 AND 42, NEBRASKA WORKERS' COMPENSATION COURT RULES OF PROCEDURE, I HEREBY NOTIFY YOU THAT I HAVE BEEN RETAINED TO PROVIDE VOCATIONAL REHABILITATION SERVICES TO THE ABOVE-NAMED INDIVIDUAL. FURTHERMORE, I CERTIFY THAT BOTH THE EMPLOYEE AND THE EMPLOYER OR HIS OR HER INSURER HAVE AGREED UPON MY SELECTION TO PROVIDE VOCATIONAL REHABILITATION SERVICES.					
VOCATIONAL REHABILITATION COUNSELOR SIGNATURE:				DATE EMPLOYEE SIGNED AGREEMENT TO SELECTION:	
PREPARER'S PRINTED NAME:				DATE REPORT PREPARED:	